

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: ELECTROMAGNETIC SHIELDING  
SLEEVE WHICH IS INTENDED, FOR  
EXAMPLE, TO PROTECT BUNDLES OF  
CABLES FOR USE IN AERONAUTICS  
Attorney Docket Number:: 0579-1106  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 1  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: THIERRY  
Middle Name::  
Family Name:: RODRIGUES  
Name Suffix::  
City of Residence:: ECOUEN  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 13 RUE MIREILLE ZOUDE  
Address::  
City of Mailing Address:: ECOUEN  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 95440

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ANDRE  
Middle Name::  
Family Name:: LERNON  
Name Suffix::  
City of Residence:: MAREUIL SUR OURCQ  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 3 RUE DE L'EGLISE  
Address::  
City of Mailing Address:: MAREUIL SUR OURCQ

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 60890

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: FABRICE  
Middle Name::  
Family Name:: DUMONT  
Name Suffix::  
City of Residence:: COMPIEGNE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 10 RUE DU DOCTEUR ROUX  
Address:: APPT 40  
City of Mailing Address:: COMPIEGNE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 60200

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: RANIER  
Middle Name::  
Family Name:: KOCH  
Name Suffix::  
City of Residence:: GILOCOURT  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 76 RUE DE LA CARRIERE

**Address::**

City of Mailing Address:: GILOCOURT

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 60129

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/000695	3/22/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03/03552	3/24/03	Yes

**Assignment Information**

Assignee Name:: FEDERAL MOGUL SYSTEMS  
PROTECTION GROUP

Street of Mailing 69, RUE HENRI LAROCHE

Address::

City of Mailing Address:: CREPY EN VALOIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 60800